

## REPORT OF FINDING SECURITY VIOLATION

FROM:		TO:		DATE
<b>1. SECURITY CLASSIFICATION</b>	<input type="checkbox"/> TOP SECRET <input type="checkbox"/> SECRET <input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> OTHER _____ <div style="text-align: right; font-size: small;"><i>Specify</i></div>			
<b>2. LOCATION</b>	ROOM NO.	OP CODE	OTHER	
<b>3. TIME</b>	ENTERED	EXITED		
<b>4. HOW SPACE ENTERED</b>	<input type="checkbox"/> MASTER KEY <input type="checkbox"/> CYPHER BY-PASS <input type="checkbox"/> COMBINATION <input type="checkbox"/> DOOR UNSECURED <input type="checkbox"/> OTHER _____ <div style="text-align: right; font-size: small;"><i>Specify</i></div>			
5. NAME/TITLE OF PERSON NOTIFIED		DATE	TIME	NAME OF SECURITY COORDINATOR
6. NAME/TITLE OF PERSON RECEIVING COPY		DATE	TIME	SIGNATURE
7. DID YOU LOCK THE CONTAINER?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
8. DID YOUR PARTNER DOUBLE CHECK THE CONTAINER?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
9. WAS THE MATERIAL PROTECTED WITH A CLASSIFIED COVER SHEET?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
10. DID YOU INITIAL THE FIRST FOLDER IN THE CONTAINER?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
11. WERE TRASH RECEPTACLES EMPTY?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
12. DID YOU LEAVE A RED VIOLATION CARD?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
13. DID YOU PROPERLY SECURE CLASSIFIED MATERIAL?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
14. DID YOU PROPERLY SECURE THE SPACE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
15. DID YOUR PARTNER DOUBLE CHECK THE DOOR?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
16. STATEMENT OF CIRCUMSTANCES SURROUNDING INCIDENT:				
<input type="checkbox"/> CONTINUED ON REVERSE (Check box if information given on back)				
RANK/RATE/TITLE		SECURITY FORCE LEADER		
RANK/RATE/TITLE		PATROLMEN		
RANK/RATE/TITLE		PATROLMEN		

